

In re Application of: Underwood et al.

Application No. 10/813,968

Confirmation No. 5921

Filed: March 31, 2004

For: System and Method for Administering Health Care Cost Reduction

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a reply to office action in the subject application.

- ☐ Small entity status is claimed for this application under 37 CFR 1.27.
- ☒ Petition for an extension of time for the period noted below, as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.
- ☐ Other:
- ☒ Please charge Deposit Account No. 12-1216 in the total amount indicated below. A duplicate copy of this transmittal is enclosed herewith (unless submitted via EFS-Web).

|   |   |       |   |                            | SMALL ENTITY |                       | OTHER THAN A SMALL ENTITY |                       |
|---|---|-------|---|----------------------------|--------------|-----------------------|---------------------------|-----------------------|
| TIME EXTENSION PETITION FEE                   |   |       | three-month                                 |                            | \$ 0.00      |                       | \$1,050.00                |                       |
| subtract time extension fee previously paid   |   |       | none  |                            | (\$ 0.00)    |                       | (\$ 0.00)                 |                       |
|   |   |       |   |                            |              |                       |                           |                       |
| CLAIM FEE                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | EXTRA<br>CLAIMS<br>PRESENT | RATE         | ADD'L<br>CLAIM<br>FEE | RATE                      | ADD'L<br>CLAIM<br>FEE |
| TOTAL   | 20  | MINUS | 20  | = 0                        | x 25 =       | \$                    | x 50 =                    | \$                    |
| INDEPENDENT                                   | 2   | MINUS | 3   | = 0                        | x 105 =      | \$                    | x 210 =                   | \$                    |
| <input type="checkbox"/>                      | FIRST PRESENTATION OF MULTIPLE CLAIM      |       |   |                            | + 185 =      | \$                    | + 370 =                   | \$                    |
| TOTAL AMOUNT TO BE CHARGED TO DEPOSIT ACCOUNT |   |       |   |                            | TOTAL        | \$                    | TOTAL                     | \$1,050.00            |

- ☒ The Commissioner is hereby authorized to charge any deficiencies in the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-1216.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

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By



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